

LOG # 5721

# CONTRACT TRANSMITTAL RECORD

PERSONAL SERVICE

PROFESSIONAL SERVICE

CONTRACT PO # 2902650  
STANDARD PO #  
CHANGE ORDER # 1

|   |  |   |  |
|---|--|---|--|
| TYPE OF CONTRACT: (Check One)<br><input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED<br><input checked="" type="checkbox"/> PROFESSIONAL SERVICES<br><input type="checkbox"/> PERSONAL SERVICES |  | DEPARTMENT HEAD'S SIGNATURE<br><i>Kawouitt Shlegi</i> | DEPARTMENT HEALTH & WELLNESS PROMOTION |
| FUNDING SOURCE %<br>FEDERAL STATE CITY OTHER : WAYNE COUNTY   | DEPARTMENT CONTACT PERSON<br>VERONICA BENJAMIN | PHONE NO.<br>313-300-8016                             | REVISION                               |
| CONTRACTOR'S NAME : MOMS AND BABES TOO  |  | DATE PREPARED<br>11/9/2015                            | REVISION                               |

|   |  |                                     |
|---|--|-------------------------------------|
| CONTRACTOR'S ADDRESS: 5716 MICHIGAN AVE, STE B202 DETROIT, MI 48210 | CHANGE <input checked="" type="checkbox"/> | CURRENT CONTRACT AMOUNT \$1,815,996 |
|   |  | CONTRACT CHANGE AMOUNT \$2,458,234  |
|   |  | TOTAL CONTRACT AMOUNT \$4,274,230   |

PHONE NO. 313-961-3601  CORPORATION  PARTNERSHIP  INDIVIDUAL

FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: MINORITY FIRM  YES  NO

PURPOSE OF CONTRACT: TO PROVIDE WIC SERVICES FOR FY16 10/1/2015 TO 9/30/2016

ACCOUNT STRING: 2104 - 258324 - 000096 - 612110 - 20131 - 000000 - A1530

| TIME & DATE IN | APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER   | TIME & DATE IN |
|----------------|--|----------------|
|                | <b>REQUESTING DEPARTMENT</b><br><br><i>Kawouitt Shlegi</i><br>AUTHORIZED DEPARTMENT REPRESENTATIVE   |                |
| NOV 20 2015    | <b>BUDGET</b><br><input checked="" type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br><br><i>James M. Edwards</i><br>BUDGET DIRECTOR OR DEPUTY                 |                |
| DEC 3 2015     | <b>GRANT MANAGEMENT SECTION</b><br><input checked="" type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br><br><i>Michelle A. [Signature]</i><br>GRANT ACCOUNTANT | DEC 8 2015     |
|                | <b>LAW DEPARTMENT</b><br><input type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br><br><i>James M. Edwards</i><br>CORPORATION COUNSEL                          | 1/28/2016      |
|                | <b>PURCHASING DIVISION</b><br>RECEIVED<br>JAN 28 2016<br>DEC 08 2015<br><br><i>[Signature]</i><br>PURCHASING DIRECTOR  | 1/28/16        |
|                | CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE JAN 19 2016   |                |

CITY OF DETROIT  
CONTRACTS SECTION  
LAW DEPARTMENT

Use Only One Set For Each Contract Package

FRC APPROVAL  
JAN 25 2016

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 1  
TO CONTRACT NO. 2902650**

**THIS AMENDMENT AGREEMENT NO. 1** is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Health and Wellness Promotion Department**, and **Moms and Babes Too** with its principal place of business located at **5716 Michigan Ave. Detroit, MI 48210.**

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**WITNESSETH:**

**WHEREAS**, the City has engaged the Contractor to provide certain services ("Services") to the City; and

**WHEREAS**, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

**WHEREAS**, Article 17.01 of the Contract permits the parties to amend the Contract by mutual agreement; and

**WHEREAS**, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

**NOW, THEREFORE**, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

**1. AMENDMENT TO Section 7.01  
COMPENSATION**

1.01 Section **7.01**, which now reads: **Compensation for Services provided shall not exceed the amount of \$1,815,996.00**, inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 17, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

Is amended to read: **\$4,274,230.00**, inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 17, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

## 5. AMENDMENT AUTHORIZATION

**5.01** This Amendment to the Contract shall not become effective until:

- (a) The Amendment has been approved by the required City departments;
- (b) The Amendment has been authorized by resolution of the City Council; and
- (c) The Amendment has been signed by the City's Purchasing Director.

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Prior to the approvals set forth in this Section, the Finance Director shall not authorize any payments to the Contractor pursuant to this Amendment, nor shall the City incur any liability to pay for any services or to reimburse the Contractor for any expenditure authorized by this Amendment.

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## **FIRST AMENDED EXHIBIT A**

### **SCOPE OF SERVICES**

#### **Notice to Proceed**

The term of this Contract shall commence on **October 1, 2015** and shall terminate on **September 30, 2016**. The City may, at its option, extend the term of this contract for up to one (1) additional year upon sixty (60) days written notice to Contractor prior to termination date. The Contractor shall commence performance of this Contract on the effective date of this contract.

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#### **Services to be Performed**

The contractor will comply with all terms and conditions set forth in the attached Comprehensive Agreement for FY 2016 commencing October 1, 2015, including Attachment I (Annual Budget), Attachment II (Guidance to State Agencies Regarding the Use of Funds Received Under the American Recovery and Reinvestment Act (ARRA)), Attachment III (Program Specific Assurances and Requirements), and Attachment IV (Funding/Reimbursement Matrix), as they apply to the subcontractor. The Contractor will adhere to monitoring of compliance by DHWP and its Office of Assurance and Compliance (Attachment V) and the DHWP's Plan of Organization September 2015 (Attachment VI).

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The contractor agrees to undertake and perform programmatic activities and complete the services described in Attachment III. This includes but is not limited to preparation for program activities, program operations, registration and certifications, program reporting activities, and as indicated, close out activities, and other preparation to implement and assure program operations and delivery of services.

Where required or mandated, the City authorizes and delegates these specific duties to the contractor.

#### **Subcontracts Contractual Conflicts**

In the event of conflict between the City and the contractor, this agreement shall prevail.

#### **Program Operations**

The contractor will conduct all responsibilities related to the program operations. The contractor will inform DHWP of and complete any registration, certification, verifications that are required preliminary or subsequent to implementing programs and operations. The contractor will provide this notification in adequate time for completion and DHWP authorization.

The contractor will maintain an adequate infrastructure sufficient to carry out the duties and responsibilities of this agreement, including the provision of all necessary administrative,

identification data. Contractor grants the City a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and authorizes others to reproduce and use such materials.

Any materials copyrighted by the Contractor or modifications bearing acknowledgment of the City's name must be approved by the City before reproduction and use of such materials. The City may modify the material copyrighted by the Contractor and may combine it with other copyrightable intellectual property to form a derivative work. The City will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this agreement to the Contractor. If the Contractor ceases to conduct business for any reason, or ceases to support the copyrightable materials developed under this agreement, the City has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Contractor has to the federal government.

The Contractor shall give recognition to the City in any and all publications papers and presentations arising from the program and service contract herein; the City will do likewise. Prior to release, the City will approve all public correspondence including media announcements.

### **Record Retention**

For the entire grant award period the Contractor is the custodian of active, inactive or historical records and other program documentation. The same terms applies any subcontractor who is the provider of services. The grantee shall gather all pertinent documents requested and required by DHWP and/or State Health statutes, regulations and laws and be able to produce historical, active or inactive records at the request of DHWP and/or MDCH. All financial, administrative and clinical records under the Contractor's responsibility must be retained for a period of the greater of seven (7) years or that period dictated by State or Federal law, unless otherwise directed by the City.

### **Audits**

The Contractor will provide, consistent with the regulations set forth in the Single Audit Act Amendments of 1996, P.L. 104-156, and Section .320 of the Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," a copy of the Contractor's annual Single Audit reporting package, including the Corrective Action Plan, and management letter (if one is issued) with a response to the Department.

The contractor will complete and submit audits, corrective action plans and any other compliance or survey documents to the DHWP's Office of Compliance and Assurance within 10 working days prior to date the Contractor must submit to the States or programs conducting the compliance activity.

The Contractor will rectify any citation. The DHWP's Office of Assurance and Compliance will provide guidance to the contractor as necessary to correct any deficiency or citation.

The Contractor will be required to submit the single audit to DHWP 8 months after the end of the

The Contractor must ensure that all findings and deficiencies identified in an audit or in the operations of any subrecipient, vendor, agent, or others acting on behalf of Contractor are corrected.

### **Notification of Modifications**

The Contractor will provide timely notification to the City, in writing, of any action by the Contractor, its governing entity, or any other funding source which would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

### **Software Compliance**

The Contractor must ensure that software compliance and compatibility with the Department's data systems for services provided under this agreement including but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor's business operations for processing date/time data.

### **Human Subjects**

The Contractor will comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Contractor agrees that prior to the initiation of the research, the Contractor will submit institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).

### **Terms**

To abide by the terms of this agreement including all attachments.

### **Minimum Program Requirements**

To comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472.3, for each applicable program element funded under this agreement.

### **Medicaid Outreach Activities Reimbursement**

The Contractor agrees to report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 225 (OMB Circular A-87) and the requirements in Medicaid Bulletin number: MSA 05-29.

### **Modification of Funding**

If the City receives notification of Comprehensive Agreement's funding modifications, the City will notify the contractor immediately.

### **Monitor Compliance**

The City will monitor compliance with all applicable provisions contained in federal grant awards and their attendant rules, regulations and requirements pertaining to program elements covered by this agreement.

### **Medicaid Outreach Activities Reimbursement**

The Department agrees to reimburse the Contractor for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a reporting requirement for the Contractor.

### **Assurances**

The following assurances are hereby given to the City:

#### **Compliance with Applicable Laws**

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Contractor will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

#### **Anti-Lobbying Act**

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies section to the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-209). Further, the Contractor shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

#### **Non-Discrimination**

1. The Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because

contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

### **Debarment and Suspension**

Assurance is hereby given to the City that the Contractor will comply with Federal Regulation 2 CFR part 180 and certifies to the best of its knowledge and belief that the Contractor's local health department or an official of the Contractor's local health department and the Contractor's subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or Contractor;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

### **Federal Requirement: Pro-Children Act**

1. Assurance is hereby given to the Department that the Contractor will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor also assures that this language will be included in any subawards which contain

all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail. A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this agreement; or
  - b. Restates provisions of this agreement to afford the Contractor the same or substantially the same rights and privileges as the Department; or
  - c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Contractor in this agreement.
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3. That the subcontract does not affect the Contractor's accountability to the City for the subcontracted activity.
  4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
  5. That the Contractor shall submit a copy of any and all executed subcontracts and agreements for services or activities pertaining to this agreement to the Department at the time of execution.
  6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 shall contain provisions or conditions that will:
    - a. Allow the Contractor or City to seek administrative, contractual or legal remedies in instances in which the Contractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
    - b. Provide for termination by the Contractor, including the manner by which termination will be effected and the basis for settlement.
  7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 shall contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).
  8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the

5. The Contractor must have a policy and procedure to report to the City unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware.
6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information received by the Contractor from the City or any other source.
8. The Contractor will enter into a business associate agreement should the City ~~determine such an agreement is required under HIPAA.~~

## **Financial Reporting Procedures**

### **Financial Status Report Submission**

Financial Status Report (FSR) must be submitted electronically to DHWP by the sub-recipient 20 days after the close of the fiscal quarters. Reports are due for submission quarterly through MI E-Grants on 1/30, 4/30 and 7/30. On a monthly basis, 15 days after the close of the month, the Sub-recipient will submit monthly FSR to the contractor to DHWP for internal financial monitoring

FSR's must report total actual program expenditures regardless of the source of funds. The City will reimburse the Contractor for expenditures in accordance with the terms and conditions of this agreement. Failure to comply with the reporting due dates will result in the deferral of the Contractor's monthly prepayment.

### **Unobligated Funds**

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

### **Fiscal Year-End Reporting**

An Obligation Report is based on annual guidelines and due date using the format provided by the City through MI E-Grants. The Contractor must provide, by program, an estimate of total expenditures for the entire agreement period (October 1 through September 30). This report must represent the Contractor's best estimate of total program expenditures for the agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report assists the Department in reserving sufficient funding to reimburse the final expenditures that will be reported on the Final FSR without materially overstating or understating the year-end obligations for this agreement. The Department compares the total estimated expenditures

condition of the agreement. The City will make payments to the Contractor for allowable reimbursable costs not covered by previous payments, other state or federal programs. The Contractor shall immediately refund to the City funds not authorized for use and any payments advanced to the Contractor in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

### **Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

### **Amendments**

~~Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement.~~

This agreement, including attachments, may be amended by mutual written consent of the Contractor and the City. When submitting a proposed agreement/budget amendment, the Contractor must submit copies of the revised sheets and a summary description of the changes.

In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Contractor's or City's, which reduce or otherwise interfere with the Contractor's or City's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party and an amendment to this agreement negotiated.

Amendments to this agreement shall be made as follows:

1. Any change proposed by the Contractor which would affect the State funding of any element funded in whole or in part by funds provided by the City, subject to Part I, Section 3.C, of the agreement, must be submitted in writing to the City immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

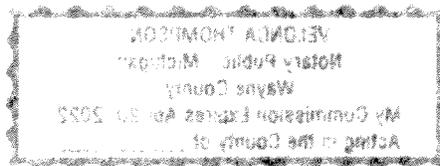
Within thirty (30) days after receipt of the proposed change, the City shall advise the Contractor in writing of its determination. Subsequently the Department will initiate any necessary formal amendment to the agreement for execution by all parties to the agreement.

Any changes proposed by the City must be agreed to in writing by the Contractor and upon such written agreement, the Department shall initiate any necessary formal amendment as above.

2. Other amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the City or, the total amount of the budget may be submitted by the Contractor at any time prior to June 2nd. The City will provide a written response within thirty (30) calendar days.

**Waiver**

Any clause or condition of this agreement found to be an impediment to the intended and effective operation of this agreement may be waived in writing by the City or the Contractor, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the agreement and may affect any or all program elements covered by this agreement.



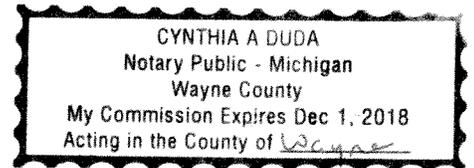
**CORPORATE ACKNOWLEDGMENT**

STATE OF Michigan )  
 )SS.  
COUNTY OF WAYNE )

The foregoing contract was acknowledged before me the 12<sup>th</sup> day of NOVEMBER,  
20 15, by Aleasia L. Hall,  
(name of person who signed the contract)  
the Executive Director,  
(title of person who signed the contract as it appears on the contract)  
of Moms And Babies TOO,  
(complete name of the corporation)

on behalf of the Corporation.

Cynthia A. Duda  
Notary Public, County of Wayne  
State of Michigan  
My commission expires: 12-01-2018



**MOMS & BABES TOO**  
**EXHIBIT B TO AMENDMENT 1 - FEE SCHEDULE**

**I. General**

(a) The contractor shall be paid for those Services performed pursuant to this Contract in the following manner:

| Original<br>FYE 9/30/15 | Increase<br>FYE 9/30/16 | New<br>Total |
|-------------------------|-------------------------|--------------|
| \$ 1,734,008 <b>A</b>   | \$ 2,353,135 <b>D</b>   | \$ 4,087,143 |
| \$ 63,900 <b>B</b>      | \$ 92,300 <b>E</b>      | \$ 156,200   |
| \$ 18,088 <b>C</b>      | \$ 12,798 <b>F</b>      | \$ 30,886    |
| \$ 1,815,996            | \$ 2,458,234            | \$ 4,274,230 |

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the City of invoices for payment. Each invoice shall certify the total cost, itemizing costs when applicable. Each invoice must be received by the City not more than thirty (30) days after the close of the calendar month in which the services were rendered and must be signed by an authorized officer or designee of the Contractor.

(c) The contractor shall be paid for expenditures in accordance with the following terms and conditions:

Reimbursement shall be contingent upon submission to the City of a properly submitted Financial Status Report (FSR). The FSR shall be submitted on a monthly basis and must reflect total actual program expenditures. FSRs shall be submitted to the City no later than ten (10) days after the close of each calendar month. The FSR must be signed by an authorized officer or designate of the Contractor in order to avoid unnecessary delays in reimbursement.

1. In order to qualify for reimbursement all expenditures must be necessary, reasonable, allowable and allocatable to the proper and efficient administration of the applicable program.

2. The contractor agrees to refund to the City within thirty (30) days, upon notice any payment or portion thereof which the city determines was not properly due to the contractor.

3. The City reserves the right to delay payment to the contractor without penalty or interest until receipt of grant funds from the applicable Grantor agencies.

4. The City and the grantor agency shall have the right at any time without notice to examine and audit all records and other supporting data.

# City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date: November 19, 2015, 2015 Department Health & Wellness Division: 25

Dept Head/Contact Person: Abdul El-Sayed Phone No.: 313-876-0301

Description: Provision of Women, Infant, and Children (WIC) Nutrition Services for FY16

Contract No.: 2902650 PO Type: \_\_\_\_\_ Est. Value: \$ 4,274,230

Contract Term (if applicable): October 1, 2015 to September 30, 2016

Funding: City \_\_\_\_\_ State 100 % Federal \_\_\_\_\_ % Other: \_\_\_\_\_ %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: MOM AND BABES Required Date: 11/1/15

1. The business being awarded is **NEW / RENEWAL**. If a renewal, provide justification for renewal: The contract is being amended to continue to provide Women, Infant, and Children's (WIC) services.

2. Was the product or service competitively bid?  Yes  No

**Attach Copy** of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: This is an amendment

3. Was a Co-Operative Agreement Considered?  Yes  No Co-Operative Name: \_\_\_\_\_

If answer to #3 is "No" explain why a Co-Op was not considered: N/A

4. Were savings achieved?

Yes Amount \$ \_\_\_\_\_

No

5. Does this agreement represent an increase? Yes

Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

Change in amount/volume of the good or service to be used. \$2,458,234

6. Does the supplier currently provide other goods and services to the City?  Yes  No

If yes please list: N/A

7. Is this good/service used by other departments?  Yes  No  
If "yes" can this Req/PAR be combined other department requirements?  Yes  No
8. Is this a service that can be performed by City employees?  Yes  No  
Is this a service that City employees can be trained to do?  Yes  No

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NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes \_\_\_\_\_ No \_\_\_\_\_

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**PLACE ON EMERGENCY MANAGER AGENDA**

**PLACE ON CITY COUNCIL AGENDA**

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Department)

INFORMATION PROVIDED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_



AUG 19 2015



# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Finance Dept. purchasing division

E-MAIL ADDRESS: WillisLE@detroitmi.gov

CONTACT NAME: LEWA WILLIS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of Clearance:  New  Renewal (Please submit 30 days prior to submitting bid or expiration date)

**A.** To: City of Detroit  
Income Tax Division  
Coleman A. Young Municipal Center  
2 Woodward Avenue, Ste. 512  
Detroit, MI 48226  
Phone: (313) 224-3328 or 224-3329  
Fax: (313) 224-4588

For: Individual or Company Name MONS AND BABES TOO  
Address 5716 Michigan AVE.  
Suite B202  
City DETROIT  
State MI Zip Code 48210  
Telephone 313-350-6882 Fax # 313-961-8942  
E-mail Address AHALLMBT@AOL.COM

**B.** Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  
Aloasia L. Hall

Telephone # 313-350-6882  
Fax # 313-961-8942

Employer Identification or Social Security Number 38-3277264  
Spouse Social Security Number NA

Nature of Contract WIC SERVICES AT MONS AND BABES TOO, O  
BID CONTRACT AMOUNT (if known): Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_  
Contract # (if known) \_\_\_\_\_

**C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.**

Check One:  Individual  Corporation  Partnership  Estate & Trust

**INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.**

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above)  Yes  No  
2. Are you a student, and/or claimed as a dependent on someone else's tax return?  Yes  No  
3. Were you employed during the last seven (7) years?  Yes  No  
4. Were you a resident of Detroit during the last seven (7) years?  Yes  No

**CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.**

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4).  Yes  No  
6. Will the company have employees working in Detroit?  Yes  No  
7. Will the company use sub-contractors or independent contractors in Detroit?  Yes  No

**D. FOR INCOME TAX USE ONLY**

Has the contractor complied with the provisions of the City Income Tax Ordinance?  
 Yes  No

Signature LAWON FISHER Date NOV 12 2014 Expires \_\_\_\_\_  
Signature LUCRETIA JENNINGS Date DEC 03 2014 Expires DEC 03 2015  
Signature LUCRETIA JENNINGS Date OCT 14 2015 Expires OCT 14 2016

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://www.detroitmi.gov)

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: [IncomeTaxClearance@detroitmi.gov](mailto:IncomeTaxClearance@detroitmi.gov)

**CITY OF DETROIT**  
 ACCOUNTS RECEIVABLE CLEARANCE APPLICATION  
 2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNIC IPAL CENTER  
 REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A:  BUSINESS LICENSE  BUDGET  CITY COUNCIL  DDOT  DPW  FINANCE  FIRE  HEALTH  
 HUMAN RIGHTS  LAW  MAYOR  OMBUDSMAN  PLANNING & DEVELOPMENT  POLICE  PURCHASING  
 RECREATION  WATER & SEWAGE OTHER \_\_\_\_\_

ADDRESS OF DEPARTMENT 1600 W. Lafayette Suite 200  
 DATE SENT 8-20-15 CONTACT PERSON Veronica Benjamin  
 PHONE NUMBER 313-300-8016 FAX NUMBER \_\_\_\_\_ EMAIL Benjaminv@detroitmi.gov  
 CONTRACT AMOUNT \$ \_\_\_\_\_

SECTION B: CORPORATION LICENSE TYPE \_\_\_\_\_

CORPORATION NAME Moms and Babes Too  
 ADDRESS 5716 Michigan Ave Suite B202 CITY/STATE/ZIP Detroit, MI 48210  OWN  LEASE  
 CITY PERSONAL PROPERTY NUMBER 16990284-20 FID / EIN NUMBER 38-3277264  
 OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_  
 CONTACT PERSON Aleasia Hall PHONE NUMBER 313-350-6882 EMAIL ADDRESS \_\_\_\_\_

SECTION C: PARTNERSHIP LICENSE TYPE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  OWN  LEASE  
 CITY PERSONAL PROPERTY NUMBER \_\_\_\_\_ FID / EIN NUMBER \_\_\_\_\_

A. PARTNER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  OWN  LEASE  
 DRIVER'S LICENSE # \_\_\_\_\_ OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_

B. PARTNER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  OWN  LEASE  
 DRIVER'S LICENSE # \_\_\_\_\_ OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  OWN  LEASE  
 CITY PERSONAL PROPERTY NUMBER \_\_\_\_\_ FID / EIN NUMBER \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  OWN  LEASE  
 OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

SECTION E: PERSONAL SERVICES

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  OWN  LEASE  
 PHONE NUMBER \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_  
 OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

FOR TREASURY COLLECTION USE ONLY:

APPROVED  DENIED  DENIED WITH ATTACHMENTS

*Annette Smith* DATE AUG 20 2015 CLEARANCE VALID UNTIL JAN 15 2016

**REVENUE COLLECTIONS  
 APPROVED  
 CONTRACT CLEARANCES**

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of MOMS And Babies TOO, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) \_\_\_\_\_

Duration of Covenant 1-1-15 to 9-30-15 OR 9-30-16

Printed Name of Contractor/Organization MOMS And Babies TOO  
(Type or Print Legibly)

Contractor Address Detroit MI 48210  
(City) (State) (Zip)

Contractor Phone/E-mail 313-350-6882 AHALLMBT@AOL.COM  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Aleasia L. Hall

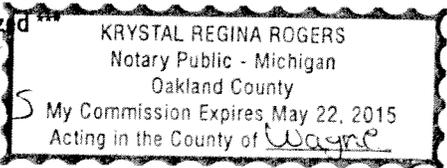
Signature of Authorized Representative: A Hall

Date: 11-25-14

Signature of Notary: Krystal Regina Rogers

Printed Name of Seal of Notary: Krystal Regina Rogers

My Commission Expires: 05/22/2015



FOR CONTRACTING DEPARTMENT USE ONLY:  
Date Rec'd: \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_ Title: \_\_\_\_\_

Please fax a COPY of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |                                      |
|--|--|--------------------------------------|
| <b>PRODUCER</b><br>Long Insurance Services LLC<br>3031 W. Grand Boulevard<br>Suite 529<br>Detroit MI 48202 | <b>CONTACT NAME:</b> Edward Long<br><b>PHONE (A/C No, Ext):</b> (313) 873-0300<br><b>E-MAIL ADDRESS:</b> elong@lisllc123.com | <b>FAX (A/C, No):</b> (313) 873-0363 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>Moms and Babes Too<br>5716 Michigan Ave<br>Suite B202<br>Detroit, MI 48210               | <b>INSURER A:</b> Northfield Insurance Company   |                                      |
|  | <b>INSURER B:</b> Liberty Mutual Ins.  |                                      |
|  | <b>INSURER C:</b> Amerisure  |                                      |
|  | <b>INSURER D:</b>  |                                      |
|  | <b>INSURER E:</b>  |                                      |

|                  |   |                         |
|------------------|---|-------------------------|
| <b>COVERAGES</b> | <b>CERTIFICATE NUMBER:</b> CL1451200433 | <b>REVISION NUMBER:</b> |
|------------------|---|-------------------------|

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|-----------------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b>   |           |          |                       |                         |                         | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |           |          |                       |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 | X         |          | #WS166609             | 10/30/2015              | 10/30/2016              | MED EXP (Any one person) \$ 5,000                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |                       |                         |                         |  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                       |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
| C        | <b>AUTOMOBILE LIABILITY</b>  |           |          |                       |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000                  |
|          | <input type="checkbox"/> ANY AUTO  |           |          |                       |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          | CA2080155030014 #8808 | 12/08/2015              | 12/08/2016              | BODILY INJURY (Per person) \$                        |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |           |          |                       |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   |           |          |                       |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          | <b>UMBRELLA LIAB</b>   |           |          |                       |                         |                         | EACH OCCURRENCE \$                                   |
|          | <input type="checkbox"/> OCCUR   |           |          |                       |                         |                         | AGGREGATE \$   |
|          | <b>EXCESS LIAB</b>   |           |          |                       |                         |                         | \$   |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |                       |                         |                         |  |
|          | DED RETENTION \$   |           |          |                       |                         |                         |  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          |                       |                         |                         | WC STATUTORY LIMITS OTHER                            |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y/N       | N/A      | #WC5-34S509798-015    | 06/28/2015              | 06/28/2016              | E.L. EACH ACCIDENT \$ 500,000                        |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                       |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000                |
|          |  |           |          |                       |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000               |
| A        | Business Property  |           |          | #WS166609             | 10/30/2015              | 10/30/2016              | \$52,500 \$1,000 Ded.                                |
|          | Professional Liability   |           |          |                       |                         |                         | \$1,000,000 Each Occurrence                          |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate Holder named as: Additional Insured under the General Liability only.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>City of Detroit<br>The Planning and Development Department | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br><br>William Long/DEE    |

## Hiring Policy Compliance Affidavit

I, Aleasia L Hall, being duly sworn, state that I am the EXECUTIVE  
Director of MDMS And Babies Too  
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

[Signature]  
Title: Executive Director Date: 11-25-14

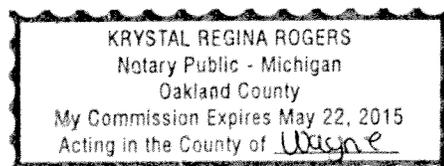
STATE OF Michigan )  
COUNTY OF Oakland ) SS

The foregoing Affidavit was acknowledged before me the 25th day of November, 2014,  
by Krystal Regina Rogers.

Notary Public, County of Oakland

State of Michigan

My commission expires: May 22, 2015



# Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## Personal Information

DATE \_\_\_\_\_

|                        |                     |                     |          |
|------------------------|---------------------|---------------------|----------|
| NAME (LAST NAME FIRST) |                     | SOCIAL SECURITY NO. |          |
| PRESENT ADDRESS        | CITY                | STATE               | ZIP CODE |
| PERMANENT ADDRESS      | CITY                | STATE               | ZIP CODE |
| PHONE NO.              | SECONDARY PHONE NO. | REFERRED BY         |          |

## Employment Desired

|   |  |                |
|---|--|----------------|
| POSITION  | DATE YOU CAN START   | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO                | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE  | WHEN           |

## Education History

|   | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL                               |                           |                |                  |                  |
| COLLEGE                                   |                           |                |                  |                  |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL |                           |                |                  |                  |

## General Information

|  |      |
|--|------|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK |      |
| SPECIAL TRAINING                       |      |
| SPECIAL SKILLS                         |      |
| U.S. MILITARY OR NAVAL SERVICE         | RANK |

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
|      |         |          |             |
|      |         |          |             |
|      |         |          |             |

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

**Remarks**

|             |           |          |             |              |
|-------------|-----------|----------|-------------|--------------|
|             |           |          |             |              |
|             |           |          |             |              |
|             |           |          |             |              |
|             |           |          |             |              |
| NEATNESS    |           |          | CHARACTER   |              |
| PERSONALITY |           |          | ABILITY     |              |
| HIRE        | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: Moms And Babes TOO
2. Address of Contractor: 5716 Michigan Ave  
Suite B207  
Detroit, MI 48210
3. Name of Predecessor Entities (if any): \_\_\_\_\_

4. Prior Affidavit submission?  No \_\_\_ Yes, on: \_\_\_\_\_  
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5.  Contractor was established in 1994 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

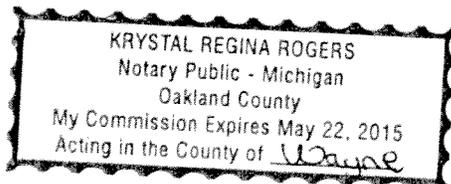
Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Aleasia L. Hall (Printed Name) Gen. Director (Title)  
[Signature] (Signature) 11-25-14 (Date)

Subscribed and sworn to before me  
this 25th day of November 2015

[Signature]  
Notary Public, Oakland County, Michigan  
My Commission expires: May 22, 2015



# Search Results

## Current Search Terms: Moms\* and\* Babes\* Too\*

**Notice:** This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.  
**No records found for current search.**

### Glossary

[Search](#)

[Results](#)

Entity

Exclusion

[Search](#)

[Filters](#)

By Record Status

By

Functional Area - Entity Management

By

Functional Area - Performance Information

SAM | System for Award Management 1.0

**Note to all Users:** This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.P.38.20151118-1122

